## Alaska Department of Revenue Child Support Services Division

Please Reply To:

CSSD, MS 12

550 W. 7<sup>th</sup> Ave., Suite 310 Anchorage, AK 99501-6699 www.childsupport.alaska.gov

MAT-SU: (907) 357-3550

## Stop Pay / Re-Issue Request

Date of Request:	Case Number:	_
Name:	SSN #:	_
Address:	If New Address:	_
		_
Check number:	Check number:	_
Amount of Check:	Amount of Check:	_
Date Issued:	Date Issued:	_
Please issue a Stop Pay on the above noted c	check(s) for the following reason:	
☐ Never Received ☐ Lost	☐ Stolen ☐ Other	
agree not to cash this/these check(s) if receive Services Division. If I cash this/these checks I a recover these amounts from Future Monthly Su	am giving CSSD permission to automatically	
Signature	Printed Name	
Date received in SDU	Date request completed	

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